

Henry Britzel

Town

County

Died at near Accident Harvath

MARYLAND

Date 19 ~~11~~ ~~Nov~~ 26 Age 46 4 26 Months former
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dana Bernose

Town

County

Garrett

Died at

MARYLAND

Date 19

Month	Day	Y.	M.	D.	Native of	Occupation
02	Nov	2			Ind	

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Thomas F. Burke

Town

County

Died at

Oakland

Harris

MARYLAND

Date 1902

Nov 10

Age 57

Native of

Ireland

Occupation

Retired business man

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Nannie Burke

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

Death

Immediate

How long sick

Sudden

Accident, Suicide, Homicide

Reported by

J. L. Lyle

Address

Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

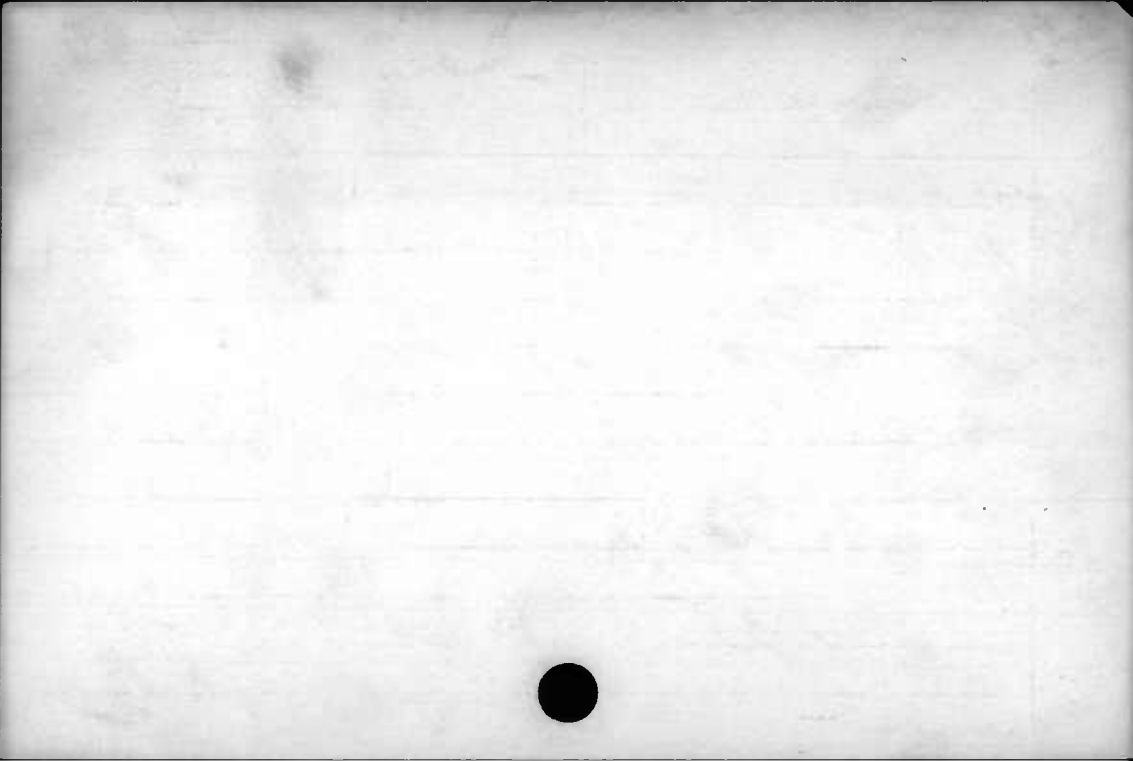
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
2		Nov	4	3			
Sex	Girl	Color or Race	White	Birth-place	MD		
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Gustavus Craston				OK			
Mother's Maiden Name				Mother's Birthplace			
May Monte				MD			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Do not know	How long	Sudden
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		179	
Accident or Suicide?			



Nellie Crown

Died at Quint 409 Edwards MARYLAND
 Town County

Date 1902 Mar 18 Age 6-9 Wid
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's Name John Crown Mother's Name Ida Rosecraft
 Maiden Name

Cause of Death { Primary Acute Obstructive Swell How long sick 3 days
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by F. Alan E. Gorman M.D.

Address Fingel Edwards Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town North Maryland County Garret MARYLAND
 Died Nov. 22 1902 Month Nov. Day 22 Y. 1 M. 8 O. ms Native of ms Occupation ms
 Date 1902 Nov. 22 Age 1 8
 Male Female White Colored Married Single Widower Widow Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Morosemia

How long sick

105

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. C. Hinebaugh

Address

Carroll Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William E Harvey

CERTIFICATE OF DEATH

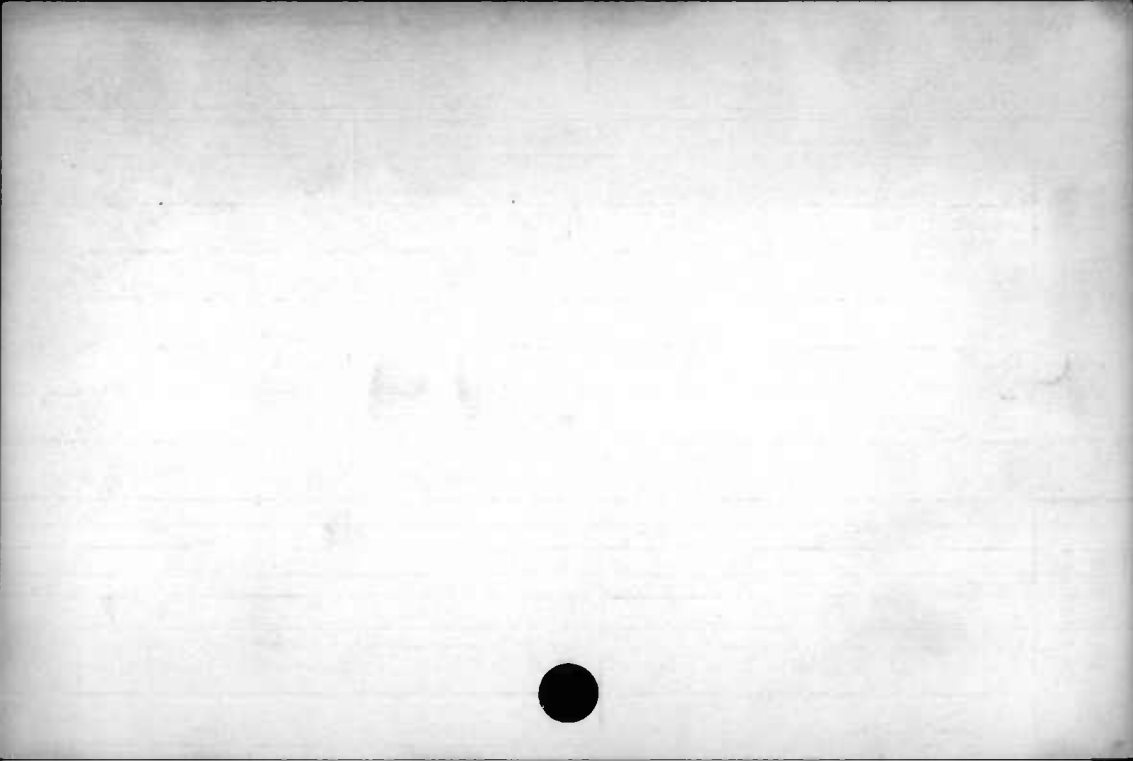
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorland</i> ^{Town}		<i>St Anne</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>8</i>	Age <i>about 50</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth- place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Hester A Harvey</i>					
Father's Name <i>Noah Harvey</i>			Father's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Sarah Wilson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. W. McConna</i>
	Address <i>Dorland, Ind</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Died at

Samuel Hilman
Hillman ^{Town} Rigel ^{County} Garrett Co

MARYLAND

Date 189

Nov 11 17

Age

76 2 20

Native of

Md

Occupation

farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband

of

Wife

Saphiah Hilman

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

2 Week

Death

Immediate

No

Accident, Suicide, Homicide

Reported by

M E Trease Undertaker

Address

Frederickville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name In Full

Certificate of Death

Ruth King **X**
 Town County
 Died at *near Friendsville* *Garrett* MARYLAND

Date 1902 Nov. 21 Month Day Y. M. D. Native of Occupation
 Age 80 Md Nursing
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of *no person*
 Wife
 Father's Name *dont know* Mother's Maiden Name *dont know*

Cause of Primary *old age* How long sick *6 weeks*
 Death Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *M. E. Frager, Undertaker*

Address *Friendsville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ethel Taylor
 Town County

Died at

Rock Lynn
 Month Day

County

Garrett
 Y. M. D.

MARYLAND

Date 19

02
 Male

Nov
 White

- 7
 Married

Age *19*
 Widowed

-
 Divorced

Virginia
 Number of children living

Occupation

None

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Enteric fever

How long sick

about 5 wks

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

J. E. Legge

Address

Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Elijah Van Sickle^X

Town

County

Died at

near Tinsleville, Garrett

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 6

Age 28 7 -

Md

Labor

Male

White

Married

Widow

Divorced

~~Female~~Colored

Single

Widower

Number of children livingHusband
of

Wife

Father's

Name

Hesekiah Van Sickle

Mother's

Maiden Name

Lancy Van Sickle

Cause of

Primary

Death

Immediate

Paritonitis

How long sick

5 weeks

Accident, Suicide, Homicide

Reported by

S. Savage, Undertaker

Address

Tinsleville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

